

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****MOTION AND ORDER TO SHOW CAUSE
FOR CONTEMPT (SUPPORT)****CASE NO.**

Friend of the Court address

Telephone no.

Plaintiff's name, address, and telephone no.

MOTION

I state:

1. A support order was entered as follows:

Date of order

Payer

\$

Amount of support order

2. Based on a review of Friend of the Court, MiSDU, and MiCSES records

- ☐ a. there is an arrearage of \$ _____ which exceeds the statutory amount allowed.
- ☐ b. the ☐ plaintiff ☐ defendant has failed to obtain or maintain health care coverage for the child(ren) as ordered by the court.

3. I **request** the court to issue an order to show cause why the plaintiff/defendant should not be held in contempt for failure to comply with the court's order.☐ 4. I **request** a lien be placed against the ☐ plaintiff's ☐ defendant's real /personal property (description attached).

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Friend of the court/Authorized representative

ORDER**IT IS ORDERED:**

5. The ☐ plaintiff shall appear in person on _____ at _____ at _____
☐ defendant Date Time
☐ the court address above ☐ _____
to show cause why s/he should not be held in contempt for failure to comply with the court's order. If the plaintiff/defendant fails to appear, a bench warrant may be issued for his/her arrest.
- ☐ 6. This matter will be heard before a referee.

Date

Judge signature

Judge name (type or print)

Bar no.

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this motion and order to the parties by ordinary mail addressed to their last known addresses.

Date

Signature